



APPLICATION TO MAKE VOLUNTARY CONTRIBUTIONS

Civil Service Retirement System

(1) Type or print in ink.
(2) Answer all the questions.

1. Name (Last, first, middle)			2. Date of birth (mm/dd/yyyy)		3. Social Security Number	
4. Address (Number, street, city, state, and ZIP code)			5. List all other names you have used (Include maiden name, if applicable.)			
6a. Do you have any civilian government service during which no Civil Service Retirement deductions were taken from your salary?			<input type="checkbox"/>	Yes <input type="checkbox"/>	6b. Have you made a deposit to the Civil Service Retirement and Disability Fund to cover this non-deduction service?	
			<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
7a. Do you have any service during which Civil Service Retirement deductions were taken from your salary and later refunded to you?			<input type="checkbox"/>	Yes <input type="checkbox"/>	7b. Have you made a redeposit to the Civil Service Retirement and Disability Fund of the amount refunded to you?	
			<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
8a. Have you ever made voluntary contributions and later received a refund of them?			<input type="checkbox"/>	Yes <input type="checkbox"/>	8b. Have you since been separated from the government service for a period of more than 3 calendar days?	
			<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
If your answer to question 6b, 7b, or 8b is "No", do not file this application. See the attached information.			Agency Certification I certify that the applicant is an employee of the agency shown below, is in a position subject to the Civil Service Retirement System , and has answered question 6a correctly.			
I hereby apply to make voluntary contributions to the Civil Service Retirement and Disability Fund. I am employed in a position subject to the Civil Service Retirement System or I am an applicant for retirement under the Civil Service Retirement System. I have read the information on the attached page.			Agency address		Signature	
					Official title	
Applicant's signature (Do not print)			Date		Telephone number ()	
					Date	
Privacy Act Statement Title 5, U.S. Code, Chapter 83, Civil Service Retirement authorizes the solicitation of this information. The data you furnish will be used to identify records properly associated with this application, to obtain additional information if						